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Emergency orders review

1st Session
42nd Parliament

Friday 20 November 2020

Chair: Daryl Kramp
Clerk: Christopher Tyrell

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Comité spécial de la surveillance de la gestion des situations d'urgence

Étude sur les décrets d'urgence

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Vendredi 20 novembre 2020

Président : Daryl Kramp
Greffier : Christopher Tyrell

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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Friday 20 November 2020

Vendredi 20 novembre 2020

The committee met at 1600 in room 151 and by video conference.

EMERGENCY ORDERS REVIEW

The Chair (Mr. Daryl Kramp): Okay, colleagues, good morning—not morning, afternoon now. It's later in the day. I call this meeting of the Select Committee on Emergency Management Oversight to order.

We have the following members in the room: Mr. Rakocevic and Mrs. Martin. As you see, everybody else is on Zoom. We're also joined by staff from legislative research, broadcast and recording, and House Publications and Language Services.

I know I'm repeating, as usual, but it's important to make sure that everybody can understand what's going on. It's important that all participants speak slowly and clearly, and please wait until I recognize you before starting to speak. Please also remember to unmute yourself by yourself if your unit doesn't do it. As always, all comments by members should be directed through the Chair. Any questions? Do I see any hands for questions?

Seeing no questions, pursuant to the order of the House dated July 15, 2020, this select committee has been appointed to receive oral reports from the Premier or his designates on any extensions of emergency orders by the Lieutenant Governor in Council related to the COVID-19 pandemic and the rationale for those extensions.

Today we're pleased to have the Solicitor General, the Honourable Sylvia Jones, who has been designated by the Premier, here with us today by Zoom to provide this committee with that report.

As usual, per the motion, the committee is empowered to meet as follows: up to 30 minutes for the Premier or his designates to make an opening statement; up to 60 minutes for the members of the recognized parties to pose questions to the Premier or his designates in three rounds of 10 minutes for each party; and up to 10 minutes for the independent members to pose questions to the Premier or his designates in two rounds of five minutes each.

Following the Solicitor General's opening remarks, we will proceed in the question rotation as follows: First round, 10 minutes to the official opposition, 10 minutes to the government, five minutes to the independent member; identical in the second round; and then, in the third round, 10 minutes to the official opposition and 10 minutes to the government. Are there any questions, then, or lack of clarity before we begin? Seeing none, Solicitor General, please proceed with your introductory comments whenever you're ready.

Hon. Sylvia Jones: Thank you very much, Chair. It is a pleasure to join you for the fourth meeting of the Select Committee on Emergency Management Oversight, and may I congratulate and thank the legislative staff who are able to remotely do these meetings and keep us all safe.

Since this committee last heard from me on October 22, the COVID-19 pandemic has changed significantly as the number of new cases rises and hospital capacity tightens in some areas of the province. Ontario, like much of Canada and the world, is experiencing a second wave greater than the first. We are faring better than many other jurisdictions, but our response must be intensified.

While the case numbers are greater than they were a few months ago, so is our knowledge of the virus and how to minimize the impact COVID-19 is having on our lives. There is a lot we now know about COVID-19, yet there is so much more we are still learning. This evolution in learning must be reflected in how we respond to the virus.

From the beginning, our government's response to COVID-19 has been bold and decisive. Our government has never hesitated to support those on our front line, avoid overwhelming hospitals, protect our most vulnerable, help businesses and workers whose livelihood has been disrupted by COVID-19, and keep Ontarians safe and healthy.

We acted quickly by declaring a provincial emergency on March 17 and bringing into immediate effect a lockdown of non-essential businesses. During the first wave, we were the first province to announce that we would close schools, and provided Ontarians with a plan for a safe return to school, guided by medical experts.

We always knew a spike in cases was likely this fall, as temperatures cool and more social activities move indoors. We also know that you don't respond to today's challenges using yesterday's tactics. The pandemic will look a lot different at the start of 2021 than it did at the start of 2020, when the new coronavirus didn't even have a name.

Since this committee met last, the government has amended O. Reg. 364/20, O. Reg. 263/20 and O. Reg. 363/20 to implement a new scalable response framework. The Keeping Ontario Safe and Open framework was developed in consultation with the Chief Medical Officer

of Health, local medical officers of health and other health experts. It reflects our government's one-size-does-not-fit-all response to COVID-19 by laying out a proactive and graduated plan based on the local situation in each of Ontario's 34 public health units.

The framework places public health regions into five levels:

—Green-Prevent: standard measures;

—Yellow-Protect: strengthened measures;

—Orange-Restrict: intermediate measures;

—Red-Control: stringent measures; and, finally

—Grey-Lockdown: a measure of last and urgent resort.

The public health unit regions have been placed into zones based on epidemiology threshold indicators such as weekly incident rates and the percentage of positive tests, as well as public health system capacity such as available beds, including ICU beds. On November 13, we updated the indicators and lowered the thresholds in response to new modelling in order to maintain health system capacity, protect the province's most vulnerable and avoid broader lockdowns.

Trends in public health data continue to be reviewed weekly. For example, health units at the green level must maintain a weekly rate of less than 10 cases per 100,000 people and a positivity rate of less than 0.5%. Health units that have a weekly case rate of more than 40 cases per 100,000 people and a positivity rate of 2.5% will be placed into the red level. As part of this week's assessment of public health data in each of Ontario's public health units, the following changes have been made in accordance with the framework.

Moving from Green-Prevent to Yellow-Protect are the Chatham-Kent public health unit; the Grey Bruce Health Unit; the Kingston, Frontenac, Lennox and Addington public health unit; the Peterborough public health unit and the Thunder Bay District Health Unit.

Moving from Orange-Restrict to Yellow-Protect is the Eastern Ontario Health Unit.

Moving from Yellow-Protect to Orange-Restrict are Huron Perth Public Health; Southwestern Public Health—Oxford, Elgin, St. Thomas; Simcoe Muskoka District Health Unit; and Windsor-Essex County Health Unit.

Moving from Orange-Restrict to Red-Control are Durham Region Health Department and Region of Waterloo Public Health and Emergency Services.

Finally, moving from Red-Control to Grey-Lockdown are city of Toronto public health and region of Peel public health.

I want to reiterate to the members of this committee that the decision to move a public health unit into a strengthened stage of the framework is not taken lightly. It is based on the best advice from public health experts, and rooted in the latest data we have available. As I have indicated before to this committee, our government has never hesitated to take decisive action in response to COVID-19 whenever and wherever necessary, which is also why, from the beginning, we have spared no expense to ensure that Ontarians are supported throughout these incredibly challenging times. Ontarians expect and deserve nothing less.

I will now go through all orders that have been extended for 30 days, without amendments.

The remaining orders fall under five categories: (1) limiting control; (2) supporting continuity of critical services; (3) supporting businesses; (4) supporting vulnerable sectors; and, finally, (5) providing cost relief to Ontarians.

Limiting the spread: We moved quickly to limit the spread of COVID-19 by requiring the closure or regulation of certain establishments and recreational spaces, while also prohibiting or limiting organized public events or gatherings.

There are five orders remaining in this category.

O. Reg 114/20, enforcement of orders: This order is necessary, as it provides police officers and other provincial offence officers with the necessary powers to effectively enforce all orders.

O. Reg. 76/20, electronic service: This order allows document service in legal matters to be handled electronically instead of in-person. The continuation is needed to reduce unnecessary contact between individuals in order to slow the spread of COVID-19.

O. Reg. 129/20, signatures in wills and powers of attorney: Stakeholders have indicated to the Attorney General that they are still relying on the order to ensure wills and powers of attorneys can be safely executed, as there are no alternative processes available.

1610

O. Reg. 210/20, management of long-term-care homes in outbreak: Long-term-care homes are still experiencing outbreaks. This order is necessary to allow the placement of an manager to effectively protect residents from COVID-19. These management orders enable the director to swiftly take appropriate actions to reduce or alleviate harm to residents and staff in homes that are in outbreak.

O. Reg. 240/20, management of retirement homes in outbreak: Like the previous order for long-term-care homes, this order is necessary because retirement homes are still affected by outbreaks as well. It is important to ensure measures are in place to allow the Retirement Homes Regulatory Authority to quickly act in case of outbreaks and in those instances where an operator is unable or unwilling to manage operations of the home.

Supporting continuity of critical services: Given the impact that COVID-19 has had on the lives of Ontarians, the government implemented orders back in the spring to ensure necessary services could continue while mitigating the effects of the virus. We also addressed approval timelines to create urgent temporary facilities needed to support physical distancing in certain congregate care settings. There are seven orders under this category.

O. Reg. 75/20, drinking water systems and sewage works: The Ministry of the Environment, Conservation and Parks implemented a one-time reduction in annual training for waste water operators from 40 hours to 10 hours for the 2020 year to address the shortage of available training due to COVID-19.

O. Reg. 95/20, streamlining requirements for long-term-care homes: This order is continued to ensure that long-term-care homes have the flexibility required to

continue operations as rates of COVID continue to increase. Streamlining requirements under the order ensures the care and safety of residents in long-term-care homes.

O. Reg. 192/20, certain persons enabled to issue medical certificates of death: This order allows registered nurses appointed as coroner investigators to complete medical certificates of death instead of a physician or nurse practitioner. This gives physicians and nurse practitioners more time to focus on patient care.

O. Reg. 195/20, treatment of temporary COVID-19-related payments to employees: Extending the order maintains flexibility in responding to the ongoing risks and effects of COVID-19. It ensures important measures remain in place to protect vulnerable populations.

O. Reg. 241/20, special rules re temporary pandemic pay: Extending the order will help facilitate the implementation of temporary pandemic payments for work performed during the temporary pandemic pay eligibility period.

O. Reg. 132/20, use of force and firearms in police services training: This order has been extended so police personnel may continue to keep our communities safe. Use-of-force and firearm training requirements were suspended during the provincial declaration of emergency. Public health restrictions continue to be in place, making delivery of timely training challenging.

O. Reg. 141/20, temporary health or residential facilities: The Ministry of Health, hospitals and municipalities need adequate capacity in the hospital sector and in the emergency shelter system to address possible future outbreaks of COVID-19 during the flu season. The ability to install new temporary health and residential facilities and to convert existing buildings for this purpose will be needed until there is no threat of new waves of COVID-19.

Supporting businesses: Orders were implemented that supported those businesses impacted by COVID-19. These orders enable businesses to operate in a safe manner while reducing certain direct costs. One order remains.

O. Reg. 345/20, patios: This order has been extended to allow municipalities to quickly authorize the establishment or expansion of bar and restaurant patios. The continuation of this order is needed by the hospitality sector to optimize and stretch out the patio season and create hospitality sector jobs.

Supporting vulnerable sectors: It was essential to support continuity of critical services in vulnerable sectors while also limiting the spread of COVID-19. The government was quick to implement orders in the first wave that provided flexibility for certain employers, allowing them to take reasonably necessary measures in respect to work deployment and staffing. Restrictions were also placed on workplaces where certain employees could work, with the goal of limiting the spread by halting the potential transmission of the virus from one workplace to another.

The following 15 orders in this category have been extended.

O. Reg. 121/20, staffing flexibility measures for service agencies providing services and supports to adults with developmental disabilities: This order has been extended so developmental service agencies and intervenor service providers will continue to have the authority and flexibility they need to redeploy their staff to support critical services for vulnerable individuals. Streamlined quality assurance requirements continue to be needed so developmental service agencies can alleviate staffing pressure while responding to challenges posed by COVID-19.

O. Reg. 145/20, staffing flexibility measures for service agencies in the violence against women, anti-human trafficking and crisis line service sectors: This order has been extended so violence against women and anti-human trafficking service providers will continue to have the authority and flexibility they need to redeploy their staff to support critical services for survivors of violence against women and victims of human trafficking.

O. Reg. 157/20, work deployment measures for municipalities: This order has been extended to continue to provide municipalities the flexibility they need to act quickly and continue to provide their communities with critical and essential services. Continuity of service delivery at the municipal level is critical to the health and safety of Ontario's communities and province-wide efforts to curb the spread of COVID-19. We have also heard from municipal leaders, including Toronto Mayor John Tory and the GTHA mayors and chairs, that this order continues to be needed in their municipalities.

O. Reg. 154/20, work deployment measures for district social services administration boards: This order is necessary so that district social services administration boards will continue to have the authority and flexibility they need to redeploy their staff to support critical services. Boards are being surveyed about the order, and extending the order will allow sufficient time to assess responses to determine next steps.

O. Reg. 177/20, congregate care settings: The order has been extended so that staff movement across multiple employers in developmental services, intervenor services, violence against women and anti-human trafficking sectors will continue to be limited as an important infection prevention measure to protect staff and vulnerable clients. It is critical to ensure these measures are still in place to help prevent or manage an outbreak.

O. Reg. 74/20, work deployment for health service providers: The hospital sector continues to experience increased demands and pressures as a result of COVID-19. An extension of the order is necessary to address critical issues such as health human resource shortages across long-term-care homes and to ensure sufficient hospital beds for the COVID pandemic.

O. Reg. 116/20, work deployment measures for boards of health: The COVID-19 pandemic continues to create increased demands on public health units. This order allows boards of health and public health units to take any reasonable necessary measures with respect to redeployment and staffing to respond to, prevent and alleviate the COVID-19 pandemic.

1620

O. Reg. 77/20, work deployment measures in long-term-care homes: This order is necessary because flexibility for long-term-care operators to recruit and reassign

staff remains crucial for preventing and managing outbreaks and ensuring stability and quality in long-term-care homes.

O. Reg. 118/20, work deployment measures in retirement homes: This order allows flexibility for retirement home operators to recruit and reassign staff and remains crucial for helping to prevent and manage potential outbreaks and to ensure stability and quality in resident care, especially with the increases in cases in recent weeks.

O. Reg. 156/20, redeployment of employees of service provider organizations: The need to extend the order is based on ongoing staffing issues at long-term-care homes and retirement homes.

O. Reg. 163/20, staffing flexibility for mental health and addictions agencies: This order is necessary to give service providers the required authority to maintain health human resource flexibility, especially as mental health and addictions providers begin the gradual resumption of in-person services and with the second wave of cases.

O. Reg. 193/20, hospital credentialing processes: This order is still necessary because the hospital sector continues to experience increased demands and pressures as a result of COVID-19. Maintaining flexible health human resources will be critical to ensure hospitals can continue to respond and address these demands during the COVID-19 pandemic.

O. Reg. 77/20, work deployment measures in long-term-care homes: The order is extended because flexibility for long-term-care-home operators to recruit and reassign staff remains crucial for helping to prevent and manage potential outbreaks and to ensure stability, quality of care and safety of residents in long-term-care homes.

O. Reg. 146/20, limiting work to a single long-term-care home: This order is necessary because limiting the number of staff moving across multiple settings is an important component of infection prevention and control practices in long-term-care homes.

O. Reg. 158/20, limiting work to a single retirement home: Like the order for long-term-care homes, this order remains necessary because limiting staff from working in other retirement homes, long-term-care homes and other health care settings is an important component of infection prevention and control practices in retirement homes.

Providing cost relief to Ontarians: Orders were made to protect Ontarians from price gouging, prevent families from paying for child care where care was not being provided due to COVID-19, and flattening electricity bills. Excessive price for necessary goods, such as hand sanitizer, was prohibited. The government temporarily prevented child care centres from collecting payments from parents in cases where care was not provided, while ensuring that parents would not lose the child care space. We also temporarily changed the electricity pricing rate to ensure that Ontarians directed to spend more time at home would not face higher hydro bills.

One order remains: O. Reg. 98/20, prohibition on certain persons charging unconscionable prices for sales of necessary goods. Our government took decisive action against retailers and individuals exploiting consumers by charging excessive prices for goods Ontarians need to protect themselves and their families during the COVID-19 pandemic. Consumers continue to file complaints with the Ministry of Government and Consumer Services for price gouging with respect to the necessary goods set out in the order, some of which remain in short supply.

Orders are the guardrails of our government's COVID-19 response. They are enabling us to limit the spread, respond quickly to outbreaks in hot zones, keep our schools open and ensure beds, doctors, nurses and personal care workers are in place where the need is greatest.

COVID-19 continues to exact a heavy toll, and orders can only go so far. Compliance is essential. History has taught us that during times of extreme adversity, Ontarians pull together and come out even stronger. We are doing it again in the tight grip of this virus, and we will triumph.

Finally, as you will see, I am joined today by Deputy Premier—

The Chair (Mr. Daryl Kramp): Solicitor General, I'm going to interrupt you just for a second. We've had special guests here come in to either assist or guide. I don't know exactly what your preference is, whether it's as witnesses or as support. We obviously have the Deputy Premier and we also have the Chief Medical Officer of Health, Dr. Williams. If you'd care to come to the table.

Hon. Sylvia Jones: Yes, thank you, Chair. As you mentioned, I am joined today by the Deputy Premier and Minister of Health, Christine Elliott, as well as Ontario's Chief Medical Officer of Health, Dr. David Williams. The three of us are happy to take your questions.

I'll turn it back over to you, Chair.

The Chair (Mr. Daryl Kramp): Okay. We have five minutes left for opening remarks, if anybody would like to. Otherwise, we will go directly to questions.

Seeing none, we will go into 10 minutes with the official opposition. Mr. Rakocevic, you have the floor, sir.

Mr. Tom Rakocevic: Thank you to the Minister of Health and the Chief Medical Officer of Health for being here, as well as the Solicitor General.

I guess I'll be directing questions to individuals to speak? Or do I put it out and—

The Chair (Mr. Daryl Kramp): Do whatever you would like to.

Mr. Tom Rakocevic: I guess I'll ask the Chief Medical Officer of Health, if I have the opportunity.

Today, the Premier announced that Toronto and Peel region are going to return to a modified stage 1 lockdown. Other adjacent regions, such as York region, were not included in this. Who, other than the Premier, is determining which regions are chosen to move into these new restrictions and which are not, and does the reasoning behind this include factors other than the safety of Ontarians? What are the risk factors that state that if these measures aren't taken, there won't be increases of cases and increases of deaths? Lax public health measures will result in more cases and deaths. Who is doing a risk analysis on this? Every delay in action will cost the economy as hospitalizations and deaths will continue to increase.

The Chair (Mr. Daryl Kramp): Dr. Williams, do you want to try that? We can break it down, if you wish, but your response, please?

Dr. David Williams: Thank you, Chair. I'll try to remember what the order was; a number of points there.

What you're basically asking is, as we go through the determination of the various levels, how is that process undertaken? We look at the data every week, multiple data points, and we look at each health unit. We see how their trends have been over the last four, five or six weeks. We look at the number of new cases reported per 100,000; we look at their Rt or Re factor—how that's progressing or changing; we look at the per cent positivity of the testing that is happening in their jurisdictions; and then we also look at asking questions, looking at their public health measures, how well they're doing with case contact management—are they keeping up, are they falling behind with contacting—and also health care indicators of how they are doing with hospitals, ICU beds, and capacity at that level there.

Then most importantly, we always have a conversation with each medical officer of health, if there's going to be a change undertaken, to say, "What is your perspective? What other things can you tell us? How well are you doing? Is it contained within outbreaks, yes or no? What things are concerning you in your area that you need to take some further steps on?" and all those aspects there. It's always helpful.

At the same time, all our medical officers of health are aware, in our determinants of health, that closures and difficulties and issues—when you do things, there are economic impacts as well, and we want to make sure that we are cognizant of that and aware of those issues there. There are benefits and there are consequences, and we weigh them out. So we have those discussions each week when we go through the data with our team and then with each medical officer of health. Then that's also given back to the public health measures table, which looks at the science and evidence and any changing aspects there.

If there are specific questions around accruing or new health factors, we put those two groups [*inaudible*] Public Health Ontario.

Mr. Tom Rakocevic: Thank you. I just want to touch on something there. Again, when you have adjacent regions—

The Chair (Mr. Daryl Kramp): I'm just going to interrupt you for one second. I've turned off your time. We have an addition to the committee now. I see, Mr. Vanthof, you are here. You are in Ontario? You can assure us of that?

Mr. John Vanthof: I am John Vanthof and I am in Ontario.

The Chair (Mr. Daryl Kramp): Thank you, Mr. Vanthof.

Please go ahead, Mr. Rakocevic. My apologies.

Mr. Tom Rakocevic: Okay. I hope we'll adjust the clock for that. Yes? Okay.

When you have adjacent regions and you move closer to full lockdown in one area versus another, let's say, and then people from the region that has more restrictions flow into another area—now, you just mentioned that you're balancing the economy with safety. How does that exactly work? How do you determine where safety—shouldn't safety always trump in that sense? How do you balance that?

1630

Dr. David Williams: The aspect around travel restrictions: We have trusted so far that Ontarians have respected that. In the summer, when asked, to a large extent, people did not go up to cottage lands. They didn't access and overwhelm the local facilities. If they did, they went back home again. So we found a lot of people were respectful of the wishes of those areas.

And we're saying that if you're coming from a high-risk area, we ask, as you saw from our recommendations today, that you keep your travel to only essential and you don't go there. Part of that is asking the public to participate, because unless you are going to do curfews and very severe things, you're asking the public to say, "I'm responsible for my behaviour in my area, but I also respect the others. I respect their issues and concerns, and I will honour that."

Mr. Tom Rakocevic: Okay. Thank you.

Since committee last met on October 22, an average of 13.8 people have died from COVID-19 in Ontario a day, and there has been an average of 1,136.8 new reported cases of COVID-19 a day. All of the trends are going up, but what we have not seen from the government is a fast response. A week ago, the citizens of Ontario were told by our medical officials—and I assume the Premier would have received this briefing earlier than that—that if action is not taken, Ontario will see more than 6,500 new COVID-19 cases a day, and we will have more than 400 people in intensive care by the end of next month. People are dying, and if no action is taken, more will die.

Minister—well, Chief Medical Officer of Health, actually—we've seen how quickly this virus has spread. I'd like to ask how many isolation centres, where people who have tested positive can go so as not to infect the rest of their households, have opened up in Ontario since we last met, and how many more are planned to open up. This is of particular concern in communities like mine, where you have many family members living in small apartments and whatnot. They've been calling and asking for that.

Dr. David Williams: Do you want to answer that, or myself?

Hon. Christine Elliott: You go ahead, Dr. Williams, and I'll add my comments.

Dr. David Williams: The exact number—I don't have the sheets in front of me—is well over 150 centres in the province, and we're opening up more, with special pop-up ones in the areas of high transmission in Peel, in Scarborough and various parts of Toronto. Those are coming forth, with paramedics helping and assisting on that, and adding more and more places where the output is the major concern. We are increasing those as we move along, and we'll continue to do so.

The whole aspect that you've heard around the rapid testing access is ramping up. We now have pharmacies doing testing also in various locations. I know that as we get the equipment and move it out, we're going to have

more and more resources available to various settings at different times to do testing and to ensure that people who need to get tested will get tested, and then get confirmed and dealt with accordingly.

Mr. Tom Rakocevic: How much time do I have?

The Chair (Mr. Daryl Kramp): You have almost four minutes.

Mr. Tom Rakocevic: Okay, great.

Data from Statistics Canada has shown that here in Ontario, the death rate from COVID-19 in communities that have a larger percentage of people of colour—communities like my community and the Premier's community—is three times higher than that of the rest of the province. One neighbourhood in my community has recorded a COVID-19 positivity rate of nearly 15%. Amongst those tested, one neighbourhood in Brampton has recorded a positivity rate of more than 20%. What this shows is that the one-size-fits-all approach that has been occurring and has been taken so far is not really working.

Furthermore, the government's lack of transparency is making it harder to understand for many residents in my community, where English is not their first language. People are not understanding a lot of the rules, and they want more information. So last month, I asked here at committee whether the government was willing to provide funding for community liaisons. This would be vital to help reduce the spread and help disseminate important information. The Solicitor General said this was a reasonable request. In fact, the Toronto Board of Health has put forth a motion that they tabled and voted on, asking for these additional funds and a plan to be able to get that information. This would be a great help to my community, and places in Brampton as well. Is this something you've discussed, and when can we see that happen?

Hon. Christine Elliott: We certainly do recognize that there are areas where there is higher transmission. That's one of the reasons why we're moving Peel and Toronto into lockdown at this point. But in some of those hot spot areas as well, in certain neighbourhoods, what we have done is allowed people to come into some of the assessment centres on a walk-in basis rather than making an appointment, because we know that it's difficult, for language and sometimes socio-economic issues. They may not have a computer to be able to book online, so we have allowed for some walk-ins. We also have some pop-up and mobile testing zones.

But we also know that we need to work with some of the community agencies, some of the community health centres and so on, that have those relationships with many people in those communities that they count on and rely upon. We want to make sure that they can reach out and help the people directly, both with respect to getting tested for COVID now, but also to have that relationship with them when the first wave of vaccines comes out as well to make sure that they can get the vaccines in a timely manner.

Mr. Tom Rakocevic: Minister, I appreciate that, but I guess—so these organizations, these health groups are working with budgets that they've had pre-pandemic. So you might be changing restrictions, but you're not providing additional resources.

For instance, one of the local health orgs, Black Creek Community Health Centre in my community, is looking at adding all these overtime hours, people working on weekends, evenings and whatnot, but they're not receiving additional funding and support. A lot of the local health teams are working tooth and nail to try to help our communities, but they're not getting that targeted funding that they really need. We didn't see it in the budget. Is it something that we can expect?

Hon. Christine Elliott: Well, we have actually put $1 billion into additional testing, tracing and contact management. We have supported many of the local public health units with that.

We also are finding that in some of the areas that are particularly at risk, in the hot spots, that we have provided extra contact managers. There have been an additional 200 in Toronto, 150 in Ottawa, over 100 in Peel right now as well, and some of the public health units that are not undergoing significant volumes of COVID cases, in the north particularly, are helping some of the ones in the hot spots areas as well. So we are putting money and resources and adding resources to allow them to be able to increase their programs, services and facilities.

Mr. Tom Rakocevic: I appreciate that. I'm not hearing that on the ground as much, but thank you.

The Chair (Mr. Daryl Kramp): Thank you very much. Now we will go to 10 minutes to the government. Who do we have? I recognize Ms. Hogarth.

Ms. Christine Hogarth: I just want to thank everyone for being in the room today. You have done so much for our province, and I just want to thank you for all your efforts to keep Ontarians safe.

I think my first question can either go to Deputy Premier Elliott or to Dr. Williams. Today is a tough day for businesses, certainly in my community and in Toronto, and we need to look at the framework. I'm just wondering if you can expand on why it's important that our framework allows for the introduction of preventative measures early so we can help limit the spread of COVID-19, so we can keep our kids in school. I know they need to be in school for their mental health and we also need to support our mental health and protect our most vulnerable and keep as many businesses open as we can. Can you please expand upon that?

Dr. David Williams: Thank you for the question. Part of the premise of having the framework is the need, and we adjusted it to move it down, to move quicker or sooner with preventative measures to intensify the public health measures, because our modelling data shows us that those who move earlier have more impact on that. At the same time, we want to balance that out with what's reasonable in each area and part of the province, because it is a big and wide province, and to make sure that the limitations are necessary, preventative, upstream, but at the same time, applicable to the local location and in accordance with the advice of the local health department in there so that we can move and try and keep the numbers down in the areas and have a varied response throughout Ontario. But they are impacted upon each other. Now we've added

the lockdown feature as well into that, beyond the red zone.

Again, we're trying to go pre-emptively to say, "Can we turn it? Can we bring the numbers down?" We've had predictions that we'd be at 6,000 a day. We've had predictions by the federal government, I think just recently, that we'd be at 8,000 a day. This last week, we're still hovering around 1,400 and we're keeping it under toe at the moment. I'd like it a lot lower than that, and I hope these measures will start to bring it down. We've got to turn the curve because once you get on a real upsweep, it's hard to bend the curve when it's really taking off.

Ms. Christine Hogarth: I have a second question, and this was a question before I knew that you were going to be here and, of course, before today's announcement. We've had a lot of questions from my constituents, so I'm hoping that you can clarify.

Toronto and Peel were in the red zone and there were some additional measures that were implemented, like local restrictions put on by our local public health officials. There was some confusion from many of my constituents of why Peel would be different from Toronto and maybe different from other communities. I'm wondering if you can expand, for anyone watching and for my constituents, why public health is allowed to add their own restrictions on top of our framework.

1640

Dr. David Williams: One of the advantages that we have in Ontario is that we do have local public health that is municipally incorporated, regionally—different structures and governance. That means each medical officer and their team is there on the ground, and they're assessing. They know what their communities are. They know the makeup. They know their constituencies, and consulting with their local municipal leaders, they can understand where the pressure points are and what they have to deal with.

Some, as we saw in the summer, where they have large numbers of, say, migrant farm workers—some have a lot; some have none at all. They had to take steps to try to deal with that as the issues arose in their respective jurisdictions. One of the advantages is that we can do that, and we encourage them to take steps that they need to do that may be very applicable only in their own jurisdiction. They should not have to wait for us. They can take some steps to do that, and advise us, of course, that they're going to do it, and make us alert to that fact.

As you've seen today, we have enhanced their powers, including using the bylaw officers of the municipalities that are in their partnership, to carry out steps stringently and to now register fines against those who are not adhering, to bring it under control. That will not be consistent in every health unit, but we hope that the measures they do will be communicated and consistent in their method of approach.

Peel is different than Algoma, of course, and it has many different things that are different. Peel is even different than Durham, all in that area there. We have this rich mosaic in Ontario that makes it that way, but our communities—this is really a community issue, because we really want to get down there as the issues are raised, and our public health units are already connected with the community groups. They know who they are. They have built those up over the years. They know who to connect with at the right time, in the right way. They have staff on board and access to staff in many different linguistic groups. In Toronto, they have almost 20 different ones they put their products out in, so they do that, but some in the north don't have that. Some have much more with First Nations, and Indigenous and Métis staff on their teams, as well, to work with that.

So that's one of the values that we have in Ontario, and we can move and make our target programs reasonable, acceptable and appropriate at the time, and get the most major impact to try to keep our numbers down.

The Chair (Mr. Daryl Kramp): Thank you, Dr. Williams. Now I recognize Mr. Bailey. You have roughly four and a half minutes, sir.

Mr. Robert Bailey: Okay. Thank you, Chair, and welcome to all of our guests who joined us today.

My question is for the Solicitor General. She's still with us, I see. Solicitor General, as COVID-19 continues to be a challenge in the province of Ontario, it's even more important than ever that we flatten the curve to protect the most vulnerable. I understand that the Minister for Seniors and Accessibility, who does not regulate the retirement homes sector directly, has designated a separate, independent authority to regulate the sector.

Can you explain for myself and the committee how the extension of these orders relates to the independent regulator, as opposed to an ordinary government ministry? And can you also explain how it deals with the government's current ongoing response to the pandemic?

Hon. Sylvia Jones: Thank you, MPP Bailey. You're absolutely right: There is a different oversight model for retirement homes as compared to our long-term-care homes, but we have similar challenges in terms of ensuring the safety and protection of those individuals.

As you would have heard in my opening remarks, many of the protections and orders that we've put in place—like ensuring staff don't travel between different homes, like ensuring redeployment when necessary to ensure coverage—have been included and given to the retirement home sector as well as the long-term-care sector. It's an acknowledgement from Minister Cho that the challenges that are occurring in long-term care have the same protections in retirement homes.

I hope that helps.

The Chair (Mr. Daryl Kramp): You have two and a half minutes, Mr. Bailey. Oh, Ms. Hogarth, then; I see your hand up—or Mr. Bailey. Sir, would you unmute yourself? Mr. Bailey?

Mr. Robert Bailey: Yes, I say I will yield to my colleague Ms. Hogarth.

The Chair (Mr. Daryl Kramp): Okay then. Fine, thank you. Then it's now Ms. Hogarth.

Ms. Christine Hogarth: Sure. Quick question: I probably don't have much time, but my question would be to the Solicitor General, with regard to fines. We hear of a lot of parties still happening, and I'm just wondering if you

can clarify who can issue fines, and if you can share a reminder of what those fines are and what people can be fined for. This was another one from my constituents.

Hon. Sylvia Jones: For sure. It's a very good question, because you're absolutely right: While the vast majority of Ontario's citizens are respecting the restrictions and understand and appreciate why they're in place, there are some, to quote the Premier, "bad apples" who continue to flout the rules.

In answer to your question, there is a suite of individual peace officers—police, bylaw enforcement officers, conservation officers—who can all levy tickets and fines for infractions. The change that occurred today will allow section 22 orders, which are the orders that you referred to, that local medical officers of health have imposed on their regional health unit—those can now be enforced through the same individual peace officers: police, bylaw, conservation etc.

In terms of the actual fine, the fine is set by the Chief Justice, but currently we have individual fines of $750 and, for more egregious examples, up to $10,000.

The Chair (Mr. Daryl Kramp): You have 30 seconds left, Ms. Hogarth.

Ms. Christine Hogarth: Do you know if any fines have been laid?

Hon. Sylvia Jones: While I do not have numbers on the bylaw enforcement piece, we have been tracking with our municipal police forces as well as the OPP, and it is my understanding that well over 700 fines have already been issued only by the police. I would not be able to speak to the bylaw piece because those are municipal.

The Chair (Mr. Daryl Kramp): Thank you very much. We will now go to the independent member. Mr. Fraser, you have the floor, sir.

Mr. John Fraser: Minister, thank you for being here again today. Deputy Premier and Dr. Williams, thank you very much for being here. I've been requesting that we have members of the COVID-19 command table appear before committee for the sake of transparency, so I hope that this is a sign of things to come. I've only got five minutes, so I will be as quick as I can with my questions.

To the Solicitor General: You mentioned the regulation that restricted workers to only working in one long-term-care home and no other facility, although we currently have people from temporary agencies working in more than one facility, and you may work in a long-term-care home and also work in a grocery store or work in a school, as I know a number of people do. Is the reason that this regulation has not been expanded to include those kind of things because (a) we do not want to do it, or (b) you are restricted by Bill 195 in your ability to make those kinds of changes to a regulation?

Hon. Sylvia Jones: There are a number of areas that we can speak to on this particular question. I think the most important is that we need to ensure that staff are in the homes where they are needed. The vast majority have chosen one pathway or another, but we have to make sure that as we make these decisions, we understand the challenges that long-term-care homes have in keeping adequate staff. We have called on, over the course of the pandemic, both the Canadian Red Cross and the military, but we need to make sure that individuals have the ability to work safely in these homes.

Mr. John Fraser: Thank you, Minister. I understand that. If maybe your ministry can provide a written thing after this and we can talk about it afterwards. I only have five minutes, so I want to get through these questions. I appreciate your response.

This one is to the Minister of Health or Dr. Williams: Today, we announced that small businesses in those hot zones, Toronto and Peel, would need to close, a number of them, but that big box stores would remain open. I guess I have a concern about this because the experience that I've had in my community—and I'm sure it's the same in others—is that there is often a lack of adherence to what would be good public health guidelines in big box stores, namely a couple of Costcos here in Ottawa that I know of. I'm concerned about imposing these things that we're imposing on small businesses when in fact big box stores—and I've seen this myself personally. It could be in situations where there is no count of customers in the store, no physical distancing; those things that we want in place. Even though they're big places, they're full of people. Can you speak to how we're going to address that? Because I think it's a serious concern. Often with stores that aren't head-officed here in Canada, I find there's a challenge with this.

1650

Hon. Christine Elliott: Well, I'll start, and perhaps Dr. Williams will have some comments as well. But we are concerned about the small businesses, of course, with the changes that have been made today, but our Minister of Finance has also indicated that we are going to double the amount of financial relief that's going to be available to small businesses, through property taxes and electricity costs, from $300 million to $600 million.

That said, small businesses can also remain open for online pickup and delivery. The stores won't be open for people to go and shop, but they can order online and we're encouraging people to do that to continue to support small businesses, and encouraging people to order online from restaurants and so on, because they won't be able to eat in anymore.

The Chair (Mr. Daryl Kramp): One minute.

Hon. Christine Elliott: With respect to the big box stores, they will be restricted to 50% capacity. There will be security there. There will be people there who are going to monitor the number of people that can go in.

They're being kept open because they provide essential services. Many of them have grocery sections or pharmacy sections as well. We need to keep them open. Trying to cordon off the areas that are just for the essential services is very, very difficult; other jurisdictions have found that as well. But there will be many rules and security, and people will be keeping count of the number of people within the big box stores.

Mr. John Fraser: Thank you very much, Deputy Premier, and yes, I'm very concerned about that, because

that's not the experience that I have seen either here locally and heard anecdotally, that it's been a bit of a Wild West. I'm more concerned about the transmission piece—

The Chair (Mr. Daryl Kramp): Thank you, Mr. Fraser. Your time is up.

Mr. John Fraser: Okay, thanks. Sorry.

The Chair (Mr. Daryl Kramp): That's okay. Thank you very much. Now we will go to the official opposition again, then. Ten minutes to the official opposition. I recognize Mr. Vanthof.

Mr. John Vanthof: Can you hear me?

The Chair (Mr. Daryl Kramp): Yes, we can, John.

Mr. John Vanthof: Okay. Thank you very much, Deputy Premier and Minister, and Dr. Williams, for taking the time today. I just got home to Timiskaming–Cochrane. Timiskaming–Cochrane is one of the lowest areas in the province. It's like a whole different part of the province. But one thing I've noticed here, and I think throughout the province, is not just COVID fatigue but COVID confusion.

I'd like to give you an example. We're watching this, and I have—well, you know who I am: I'm an MPP; I go to Toronto. But people across the province are watching this, and the Premier, in his press conferences—on October 6, there were 548 new cases and the Premier stated, "We are flattening the curve." Great.

October 28, there were 834 new cases and he stated, "We see the curve going down."

Then, on October 30, he stated, "Based off what I'm seeing in the modelling, I have asked our public health experts to come back next week with a plan to begin to ease restrictions in a way that safely allows businesses to start opening back up after the 28-day period is over."

Then, on November 2, we have 948 new cases and the Minister of Health: "We're seeing the numbers starting to go down—not to the level that any of us would like to see, but they are maintaining at a plateau."

And then on November 4, it looks more like Ontario is following the same tradition as Michigan, which reached a level of 800 to 1,000 cases per day: higher than we'd like, of course, but reaching a plateau.

At no point were those numbers going down. So could someone please explain to the committee, and hopefully to the people of Ontario—when the Premier said, "Based off what I'm seeing in the modelling," did the command table, or you, Dr. Williams—was the modelling that off? Because the numbers that the public saw were going up. At no point did they take a massive drop down. What in the modelling indicated that there had to be a reopening? Obviously, something wasn't accurate, because based on what was announced for Monday, that was a bit premature. What was seen in the modelling to indicate that the province needed to aggressively reopen?

Hon. Christine Elliott: We've seen the numbers fluctuate considerably in wave 2. For a period of time, they did appear to plateau, much like Michigan, but then they've gone up again. That's the nature of this pandemic. None of us can predict exactly what's going to happen with those numbers. But we have to react quickly and we are reacting quickly. That's why we brought the framework forward: so that people would know where their public unit sits and would know, if the numbers are going up, that there's likely to be a change, with more restrictions being put in place. That's why we set this up: so that people would have that knowledge, that advance warning, so to speak.

There is also personal responsibility here. Everybody has a role to play. It is absolutely essential that people continue to follow the public health rules that have been there since the very beginning. Even though I know there's COVID fatigue and people are upset with these provisions, we do have the vaccine on the way in several months. However, we're not there yet. The numbers are fluctuating; the numbers are going up. The numbers in both Peel and Toronto are increasing at pretty staggering levels. That's why we have to take the measures right now to put them into lockdown, and if any other region gets into that situation, we'll have to put them into lockdown too.

That's the nature of this pandemic. It is spreading like wildfire in certain areas. We have reacted very quickly and nimbly with our response.

Mr. John Vanthof: Thank you very much for that response. The thing that still confuses, I think, a lot of people—and you're right: You have to act on what's happening. I appreciate that. But modelling in itself is a prediction. So when the Premier said, "Based on what I'm seeing in the modelling"—based on what he's seeing in the predictions—"it's time to reopen," what caused the predictions? Because that is how we are dealing with this. What was the massive change in prediction that—and further to that, to announce a new framework and then change the parameters of that framework within a week? That's what's confusing people and what is making people in my part of the world start to not believe that this is a real thing or, quite frankly, that the government has really got a handle on it.

This isn't really a question, but when you open, and then based on the modelling—at no time did we and the public see modelling that showed that we had it under control. Obviously, the people who make these decisions did see that, but at no time did the public see that modelling

Hon. Christine Elliott: I will ask Dr. Williams to please respond to that.

Dr. David Williams: You're talking about a number of different points and different phases and different aspects. You said that it never went down; during the summer, it did go down after the first wave. The second wave no one had experienced before, so we're seeing how we will do in a second wave. Will it be identical? Will it be different? How will the virus perform in this setting or not?

When we look on the modelling, the modelling says, based on the data and information we had at that time, is it going up? What's the trend, change in direction, and what do we map that to? They told us, if you continue at the current rate, you will experience this type of level: Michigan. We compared the first with Michigan. Since that modelling has gone way out of control, we don't want to compare ourselves to Michigan at the moment.

In that, when we were doing the changes with the modified stage 2—that's the one you're talking about there—and we put that data together, they had predicted

that we would see numbers in 2,000 to 3,000 a day as they were rising up. We levelled on about 900 to 1,000, day after day, up and down a little bit there. So there was a sense that what we asked our people in the modified stage 2—the three and then the four health units that were in there—did they see any impacts? They said, "We have seen some. We have flattened our numbers down, so where we were supposed to be almost double that by now, we didn't see that." Did it have as much impact as we'd hoped it to have? In Toronto, they said that it did impact, especially, some young age groups, but not other ones. So they said, "Let's keep that there and let's put some more restrictions across the board," some earlier ones, and we went to the stages of the green, yellow, orange, and they started restrictions earlier back in those levels, to try to stem that even sooner. So while the numbers did not go down, the numbers didn't go up anywhere near what they were predicted to go up based on the growth we had at that time.

1700

Some of those public health measures—our experts are saying, "They're working. Can we make them work even better?" The main thing they're pointing out is that a lot of the ones were occurring because people, as you've noted, were already during the summer moving away from the public health measures and being more casual with interactions socially, personally, in their households, not accepting those aspects there. And they said, "Okay, what can we do about that aspect?" So as the minister said, we put out the framework, because the public need to see the data, what's happening in our area, and what we need to do. I said, "We've gone from green to yellow to orange. Things are not going well." We can say, "Well, we're not as bad as Peel," and yet the medical officer can say, "Yes, but we're not doing that great either, so we've got to really focus back down again and do what we need to do."

The public have to embrace and hold that message, much like you would with the local weather in your local area. Those numbers are changing and fluctuating because you're dealing with a virus moving on people with a variety of different behaviours, some adhering and some not adhering. The whole thing is to get the public to come back into a level of commitment to that.

The Chair (Mr. Daryl Kramp): One minute.

Dr. David Williams: Unfortunately, there are so many variables we can't be exactly—we have less predictability sometimes even than the weather, because we're dealing with a lot of people doing a lot of different things in different ways. We have to understand that that's part what public health is about, because you're dealing with the public.

The Chair (Mr. Daryl Kramp): Forty seconds left.

Mr. John Vanthof: One comment I'd like to make: During the first wave, we were concerned about people coming north. It did happen a bit, but I don't know what's going to stop people from—if they can't go to a mall in Peel, what stops them from going to the mall 10 miles farther? I can see them not coming 500 miles to Timiskaming–Cochrane, but I'm not sure about going to the next-biggest mall, why that's still not going to be a problem. And that's more of a comment as well.

The Chair (Mr. Daryl Kramp): We only have 10 seconds. We'll pass on that one, then, and we will go on now to the government member. Mrs. Martin, 10 minutes.

Mrs. Robin Martin: I'll be sharing my time with Ms. Triantafilopoulos as well, so I'll try to be quick.

Dr. Williams, I wanted to ask you—this is all very difficult, I think, for all of us who are not public health experts to understand and to follow all the changes and everything else. Sometimes we talk about how important it is to keep businesses open, and sometimes we obviously talk about the health and safety of Ontarians. One thing I wanted to ask you, and it's more to make it clear for people: What is the number one thing that Ontarians can do to stop the transmission of COVID-19?

Dr. David Williams: Well, all along—and some have asked that question—our message has been consistent throughout: It is droplet spread. It's spread through people, not through animals. Minks are an unusual thing; let's leave that one out for the moment. We look for other vectors, but it's people who get it, who incubate it and spread it through droplet spread. That means through breathing on other people, sneezing, coughing, just like other respiratory viruses. If you do what you are supposed to do—the six-foot or two-metre distancing; if you make sure that if you're ill you stay home; if you wear your mask in those settings, in public settings where you're not sure you can maintain the six-foot distancing all the time; and if you get tested, when you get tested, you really are strict on your isolation and limiting your contacts totally during that time period—we can totally wipe out the virus. We can eliminate that.

We're seeing already in some areas where we do this aspect, not only is COVID under control, but other respiratory viruses—we're hardly seeing them. So they are effective. They do work. The challenge is people have to do them. They have to do them and do them again and keep doing them. And fatigue—I know it's there, but we have to encourage them to stay the task. Stay at it, because we can bring it down.

Mrs. Robin Martin: So it's those public health measures—that's what we call those pieces of advice—that are keeping people safe. One thing that's hard for people to understand is all the distinctions between the gym or the restaurant or the bar or the karaoke bar or the dance studio. It's hard for people to understand how you've made distinctions sometimes for some of those areas.

But I remember a while ago I asked Dr. Loh—I think it was in May. I asked Dr. Loh, the Medical Officer of Health in Peel, "Why does everyone think there will be a second wave?" And he said, "Because everybody will go inside in the fall." So why does being inside, in any venue, with people who are not people in your household, in and of itself present a problem for the spread of the virus?

Dr. David Williams: There are many factors that are in there. It's the same when we say, "How come in the summer we don't have influenza?" We're doing testing; we don't find it. But as soon as it gets into September, you

see a few; in October, more; in November, even more—and then we go into a full-blown season. We don't get big outbreaks of influenza in June, July and August, and people are outside. When people get inside, they also have decreased, I think, in some levels—their innate immunity drops, and they become less careful about that and pass things along because they're in close contact with their kids. The kids, of course, as we know, always pass it—when they go to school, they bring home more than homework and they share it with the fam. So we have all those things we've put in place now for the schools at the same time, to prevent that.

He is correct. That's usually what happens. We weren't sure if and when the second wave would arrive. We weren't sure if it was going to be a little undulation, if it was going to be a big wave, if it was going to be a catastrophic wave. Each country is experiencing their own [*inaudible*] and that as these seasons in the temperate countries—we're coming out and Australia is going into the summer. Their numbers have and continue to drop. That's great if you're in the summertime; let's see what happens in their fall. We're just into our winter now. So we have to see how that happens.

So it's our behaviour, our innate immunity and different factors that weigh in there, and people start communicable exposures even more and more. The settings you noted there are congregate, indoor settings where people often will unmask for extensive periods of time. It's hard to eat a meal in a restaurant with a mask on, or even do a spin class or something unless you're very good to do it with a mask on. So they are high-risk settings—

Mrs. Robin Martin: I would certainly pass out if I did a spin class with a mask on; I can tell you that.

I'll cede to Ms. Triantafilopoulos.

The Chair (Mr. Daryl Kramp): A little over five minutes, Ms. Triantafilopoulos.

Ms. Effie J. Triantafilopoulos: Thank you, Chair. My question is for our Solicitor General. Throughout the course of this pandemic, we saw that staffing in certain areas, such as congregate settings, was an ongoing challenge, and that's why I understand the need to call on workers and volunteers from across other sectors, including through our municipal partners, to be able to help where needed. I'm thankful for those who stepped up and offered their support during this critical time.

I wonder whether the Solicitor General could comment on how our government is ensuring that those redeployed staff are actually being properly trained for those jobs.

Hon. Sylvia Jones: Thank you. It's a very important question. You're absolutely right. In response to the request of municipalities, we introduced temporary measures to redeploy staff to areas of critical need. These orders authorize a municipality or district social services administration boards—DSSABs, we call them—to take any reasonably necessary measures to respond to, prevent and alleviate the COVID-19 outbreaks so as to prevent, reduce and mitigate its effects on the municipalities' delivery of critical municipal services that are delivered by their employees.

Municipalities and DSSABs, as employers, should ensure that any staff being reassigned to new duties are provided sufficient training, have the appropriate skills and are also provided sufficient protection, including from COVID-19, to undertake any new assignments. It is recommended that municipalities and DSSABs also work with their legal counsel for advice and understanding of the flexibility the orders provide in managing their organization. The Occupational Health and Safety Act would continue to apply.

We thank all Ontarians who stepped up to the plate to provide their help during this critical time.

Ms. Effie J. Triantafilopoulos: Chair, how much more time do I have?

The Chair (Mr. Daryl Kramp): You have three minutes.

Ms. Effie J. Triantafilopoulos: Great; thank you.

Another question to the Solicitor General: I understand that in the early days of the pandemic, one of the first workplace deployment orders issued was for district social services administration boards, which are responsible for the delivery of social services in communities across Ontario, and they highlighted the need for staffing flexibility within the agencies they govern, and they needed measures implemented that would ensure services in critical areas of need would continue throughout the crisis. Solicitor General, can you explain why this particular order continues to be necessary after so long?

1710

Hon. Sylvia Jones: Absolutely. I alluded to it in my remarks, but critical issues like domestic violence, human trafficking survivors and mental health and addiction services we understood needed to continue during the COVID pandemic, and that order allowed the DSSABs to continue to do their critical, important work. We often talk about the repercussions of COVID-19, but there are also unintended consequences. I will point out, in my own ministry, we have unfortunately seen an increase in domestic violence calls into our police services, and we've also seen increases in street racing—two examples of behaviour that have intensified during the COVID-19 pandemic. That order allowed the DSSABs to ensure that the work that was increasing and the work that needed to continue was allowed to continue.

The Chair (Mr. Daryl Kramp): One minute.

Ms. Effie J. Triantafilopoulos: Those are all the questions that I have, Chair. Thank you.

The Chair (Mr. Daryl Kramp): Mrs. Martin, you have just less than a minute.

Mrs. Robin Martin: Dr. Williams, I wanted to ask you one more thing: Because the numbers are going up right now, even though in the summer we were trying to keep businesses open as much as possible, is it fair to say now that our number one priority at this time has to be the health and safety of Ontarians and getting those numbers down?

Dr. David Williams: Definitely. We have to really work hard to get people back in compliance, reduce the possibility of congregate activities, especially in our hot zones. But we're seeing it spread out through Ontario. As

we announced today, a number of units have moved from green to yellow, yellow to orange, and orange to red. So we can't say it's just a Peel-Toronto issue only.

We've had some success with Ottawa coming down and that's encouraging, but we say the rest need to do that too, and can we continually move that colour back down the other way? That's the goal and so we have to drive that hard because we see it impacting our institutions like our long-term-care facilities. Our schools are getting more and more people showing up positive from the community—

The Chair (Mr. Daryl Kramp): Thank you, Dr. Williams.

We will now go to the independent member. Mr. Fraser, you have five minutes again, sir.

Mr. John Fraser: Thank you very much, Mr. Chair. I want to thank the Solicitor General for being here again for this meeting. I know it's hard to sit through our questions for a couple of hours but I do appreciate it very much.

This question is for you. CBC's Marketplace has reported that 30,000 complaints were made about price gouging in Ontario, except no charges have been laid. Can you confirm to this committee that indeed charges have been laid under price gouging? And could you provide the details after the meeting, if there are any?

Hon. Sylvia Jones: My apologies for not having the specifics. I can assure you, having spoken to Minister Thompson, that, in fact, many investigations have been opened. In terms of how many charges have been laid at this point, it would only be anecdotal examples, so I will ensure that we get that detail to you.

It's two stages, right? They go through the consumer services ministry, and then if ministry assessments believe that there should be further investigation, then they contact the local police service.

Mr. John Fraser: Thank you very much; I appreciate it.

One more question to you: We've seen the Ministry of Health, through the command table, has used the non-disclosure agreements in getting outside advice. As the minister responsible for emergency management, when you get outside advice, do you use NDAs?

Hon. Sylvia Jones: I have not—

Mr. John Fraser: Non-disclosure agreements.

Hon. Sylvia Jones: Yes, I know what NDAs are.

Mr. John Fraser: Yes.

Hon. Sylvia Jones: I cannot think of a time where I have asked for outside advice or explored outside advice in terms of emergency measures in Ontario.

Mr. John Fraser: Okay. Thank you very much.

My next question is for the Deputy Premier. Deputy Premier, I know that Bill 195 has changed the way that we can manage this emergency by only allowing the government to move forward with those regulations and those things that are still on the books. Given that we are in a situation that's rapidly changing and is quite concerning for all Ontarians, because Bill 195 has restricted our ability to respond in the sense of only being able to use those measures that are currently in place on the books, is there consideration being given to putting Ontario back into a state of emergency?

Hon. Christine Elliott: Well, as the Premier has said, everything's still on the table. We are taking the actions that we're taking now, putting Peel and Toronto into lockdown, but if the situation is considered to get significantly worse across the province, then that might be something we would have to consider. For the present time, we are bringing in the lockdown measures in Peel and Toronto to try and bring those numbers down.

Mr. John Fraser: How much time left, Chair?

The Chair (Mr. Daryl Kramp): Just under two minutes.

Mr. John Fraser: Wow. Moving right along here, I want to go back to if there was consideration given to a Manitoba model where, with this lockdown in Peel and Toronto, we would approach retail businesses—there's a lot of pressure being put on small businesses right now. They've worked very hard and made very, very big investments—restaurants, retail operations—to adapt to this situation, and it's really very hard for them to understand how large retailers that often have non-essential goods are remaining open.

The Chair (Mr. Daryl Kramp): One minute.

Mr. John Fraser: They've borne the cost of this, so I'm trying to get my head around that. I understand we have to prevent transmission, but it seems to me to be very unfair. I just wonder if the Deputy Premier could comment on that.

The Chair (Mr. Daryl Kramp): Thirty seconds.

Hon. Christine Elliott: There's nothing fair about COVID, and so what we're trying to do is to make sure that the small businesses can be available for online purchases and curbside pickup. The large box stores that are staying open are only the ones that are selling essential goods—that have pharmacies, that have grocery stores and that have essential goods available. We're trying to make that as fair as possible by limiting the number of people who can be in those stores to protect people's health, of course—

The Chair (Mr. Daryl Kramp): Thank you, Minister. We're out of time on that one. We can continue that maybe in a bit.

Mr. Rakocevic, you have 10 minutes.

Mr. Tom Rakocevic: Thank you very much. Again, this question will be to the Chief Medical Officer of Health. Thanks again for being here.

Six postal codes in York region have positivity rates of more than 9%; I believe one postal code has as high as 11.9%. Now, we all care about the economy, but we're hearing a lot of independent medical experts criticizing some decisions that are being made in terms of if they will, in fact, flatten the curve or do the opposite.

The question, I guess, is have you put a cost to the economy for each positive case of COVID?

Dr. David Williams: No, not for each case. The economists—we haven't done that kind of analysis for each single case. I'm not sure any jurisdiction has done that yet, simply because it's a moving thing and it's changing from place to place, in time. There are a lot of variables. It

would be interesting to see when that analysis gets done, but no one has offered that up to us yet.

Mr. Tom Rakocevic: But the decisions, presumably, that you're making, whether or not to add restrictions, have to do, as you have stated, with the economy, but the government does have the option, and I know the command table is very well aware of this, to put more resources to actually help businesses. Isn't there a way of addressing the issues pertaining to the amount of spread of COVID while helping the economy and the business community at the same time?

Dr. David Williams: Our recommendations from my table—that is always health, and if there are things that deal with the economy and deal with the determinants of health—so we're concerned about how they might impact someone's health, directly or indirectly—we're always focusing on the health side of our recommendations and let others deal with some of the economic impacts of those on that.

But we are concerned about vulnerable populations and ones that might be left in isolation that may have greater impacts and infects there, so our team and our public health physicians are always concerned about those aspects as well.

Mr. Tom Rakocevic: So I guess as a doctor, then, do you find yourself identifying, "This looks like there's a trend that's very concerning in this region," and then have, let's say, members of the government or economists come and say, "Yes, but we can't entertain these restrictions because of other factors," and then health decisions take a back door? Does that occur when you're making decisions?

Dr. David Williams: I haven't seen that yet. All the time, the health implications are taken. In spite of sometimes they understand it's difficult fiscally or economically, they say the health is the priority at this time.

1720

Mr. Tom Rakocevic: Okay.

I have a question to the Deputy Premier, and this is something that's within my community, which is one of the hardest-hit. It's Humber River–Black Creek. It's right beside the Premier's riding. In the Jane and Finch community, there's a particular bus there, the 35 Jane service, and I think this is an example that we could see in many different communities within Toronto. There are very packed buses. A simple fix, even on a temporary basis, would be to add more buses on the line so that people can socially distance. There have been calls locally by community members for additional support and funding, but we're not seeing that. Is this something that the command table or the government is considering?

Hon. Christine Elliott: I don't deal with the transportation issues. I'm the health minister.

Mr. Tom Rakocevic: Yes, understood, but—

Hon. Christine Elliott: But it would be something that Minister Mulroney or Minister Surma would be dealing with. My responsibility as health minister is to deal with the health issues and to work with Dr. Williams, the public health measures table, Public Health Ontario and so on. That is my focus. That is my responsibility.

Mr. Tom Rakocevic: I understand. I respect that. It's just that as the people looking after health in Ontario, you will be identifying places—I think it was mentioned—where there is high risk of contracting COVID. Certainly when you consider transportation systems, if you have buses that are very packed, I'm sure that, even though you're not the Minister of Transportation, these would be flags. This is a place where we really need to invest to help people, so they're not packed on buses and so that people are able to socially distance.

Again, this hasn't been discussed? Or this is something for the Minister of Transportation?

Hon. Christine Elliott: I can't say that we've discussed specifically the bus that you're speaking about—

Mr. Tom Rakocevic: No, but in totality.

Hon. Christine Elliott: —but certainly, if there are issues that we need to deal with from a health perspective that are dealt with by other ministries, we are taking a whole-of-government approach to this. And so that would be something that would be discussed with respective ministers; in this case, it would be the Minister of Transportation.

Mr. Tom Rakocevic: Thank you. Yes, again, I wouldn't have expected you to know the 35 Jane. It's just, I think, a perfect example in an area that's very hard hit by COVID.

I do want to ask a question of the Solicitor General. I talked about price gouging at an earlier meeting, and she talked about the efforts that are being made with the hotline. Then, of course, CBC Marketplace revealed that 30,000 complaints have come forward, and yet not a single fine. It leaves me wondering: Does the government feel that these 30,000 complaints were baseless, or is responding to these complaints not enough of a priority?

Hon. Sylvia Jones: As I say, the complaints first go through the ministry of consumer services, and an assessment is done at that point. As you know, during the beginning of the pandemic, there were a number of PPE and other items that did increase in cost, because the purchase of them had increased in cost. The assessment first has to be made by the ministry of consumer services staff of the incoming complaints. If they warrant further investigation, then and only then are they sent to the local police jurisdiction, and a further investigation has to happen.

That said, I don't think any of us want to be in a place where we are judge and jury on the appropriateness of the costs of goods and services. What the toll-free line was used for, and continues to be used for, is that when consumers see egregious cost increases, they have an avenue to very easily go and make that complaint so that they don't have to go directly to the police. We were simplifying the process, to ensure that the members of the public who were experiencing price gouging had a smooth pathway to file that complaint.

Mr. Tom Rakocevic: Understood, but again, when the hotline was established, there was a lot of expectation around this. We are months—months—past the establishment of this hotline, and not a single fine has been laid. Consumers are feeling very frustrated, and they feel,

"What was the intent of this, if no fines have been laid and if the process takes forever?" Is this actually going to stop price gouging?

Hon. Sylvia Jones: Frankly, I think that we can point to some very specific examples that were highlighted by the Premier and highlighted by individuals where the price did decrease. Consumer behaviour is driving some of the activity. When the changes were announced and we put in the hotline, it was an acknowledgement that there were concerns and there were behaviours that were causing certain individuals and businesses to charge inappropriate amounts.

What I will not confirm and cannot confirm with you is how many charges are laid, because each of those would go to individual detachments through the OPP or local municipal police services. I'm not sure where you're getting your details in terms of no charges have been laid, but I would have to confirm the accuracy of that.

Mr. Tom Rakocevic: Well, you're pushing it towards charges, but there are options for fines.

You've said that there have been some high-profile cases where prices came down. That's what you said. But if that occurred, it's because the Premier had to go on national television to essentially shame businesses. So are you suggesting, then—if we follow your line of reasoning, I guess you would have to read 30,000 of these complaints out on television for us to see action. That's obviously not going to happen, so what I'm really speaking about is the fines and the expectation that was created.

Hon. Sylvia Jones: Well, respectfully, a complaint to a toll-free line is not necessarily—

The Chair (Mr. Daryl Kramp): One minute.

Hon. Sylvia Jones: You have to confirm, right? The complaint comes in, but there has to be due diligence on the other side to ensure that the complaint is valid and has credibility so that the investigation by the local police service can occur.

Mr. Tom Rakocevic: Okay, well, thank you. I guess it's just—it has been half a year. There have been 30,000 complaints and not a single fine issued. But I have very little time—

The Chair (Mr. Daryl Kramp): You have 30 seconds left.

Mr. Tom Rakocevic: Okay. Well, I guess I just want to wrap up with saying that I really appreciate the opportunity to ask these questions. I appreciate the Solicitor General's responses, certainly, and the Minister of Health and the Chief Medical Officer of Health. I understand that you have a lot of responsibilities, and it's challenging work, and I do appreciate you.

My final question is, will we be seeing the Minister of Health and the Chief Medical Officer of Health here again? Because I think we were all surprised to see your presence. Is it something that we can hope for again?

Hon. Christine Elliott: Well, I guess, subject to scheduling and people's availability, we'll certainly do what we can.

The Chair (Mr. Daryl Kramp): Thank you very much. We will now go to 10 minutes for the government round and Ms. Park, please. Ms. Park, you have the floor.

Ms. Lindsey Park: My question is to Minister Elliott. I represent Durham, the east end of Durham region. We're seeing, obviously, with the lockdowns in Toronto, that one of the hot spots within Toronto is Scarborough, which is on the east end of Toronto and the west end of Durham region. Something that I think we're starting to worry about in Durham region, with cases on the rise in our region and Scarborough being a hot spot, is, with the lockdowns, do people come across into Durham region and carry cases into our region? So I just wondered what measures, from your perspective, are being put in place to try to prevent that.

Hon. Christine Elliott: We're certainly asking people to please stay in place, please—especially not travel from hot spot zones to lesser zones. Even though Durham is now in the red zone, Toronto is in lockdown, so we're asking people to please shop locally, please shop online with your local stores. Please help out your restaurants as well; order takeout service from them as well. And please just stay in place, because we don't want any further community spread of COVID-19. We're expecting people to follow those rules. They did in wave 1, and we want them to do the same in wave 2.

The Chair (Mr. Daryl Kramp): Thank you very much. Next question? Mr. Oosterhoff, you're on, sir—eight minutes.

Mr. Sam Oosterhoff: I just want to begin by acknowledging that the Solicitor General has been taking our questions a number of times now, and we have been grilling her with a lot of the specifics. I'm sure she's very happy to have some backup today and have some additional ministers and part of that support. So we want to thank you for appearing before the committee.

My question first is to either the Minister of Health or the Chief Medical Officer of Health. It's with regard to restrictions. We saw in the spring province-wide restrictions, some of which are still in place, and we've taken a more localized approach, a more regionalized approach. I believe that's the right decision, of course recognizing local needs, but I'm wondering, as we move forward, is there an ability, within that 28-day time frame, to perhaps even sharpen some of those restrictions? What I mean by that is to take a finer point instead of a blunt-based instrument of shutdown. Is there an ability to make changes within those 28 days that it's in place in order to do what we can to be the least intrusive, but the most effective, if you will?

1730

Hon. Christine Elliott: I will ask Dr. Williams to please answer that for you.

Dr. David Williams: Well, yes, that's a very important point, because with our local public health units, as their data changes—and we review the data every week. If we see a health unit is going up very rapidly before the 28 days, we will recommend they move to a higher zone, even within the 28 days. So that's one aspect. We usually don't bring them down too fast in that because it takes a while for those ones to quiet down and do all the case contact management.

At the same time, local medical officers of health, if they see an issue within their respective jurisdictions, as they have done and will continue to—and now with some increased powers—target certain areas where they feel they need to take more stringent activity, either in education, promotion, have the work of their inspectors and their case contact managers to contain that.

We're seeing that happening now, in live time. As we've added more resources in with our new CCM database, replacing the older system, as we're having more central resources that we're moving out to help in this area or that area with more case contact managers to make sure they keep on top of it—because as you do that case contact management, you identify where an outbreak is occurring and you move in to contain and control it. That may be a workplace that you want to put an order against to require certain activities, if they're not co-operating. It may require a congregate setting that you want to put some requirement in for testing and people being quarantined.

It leaves a lot of latitude for local medical officers of health, their inspection staff, the nurses etc. to undertake and to make sure that the best resources are targeted at that unique challenge in each of their respective—so at all times in a day, we'll see that this one in one part of Ontario, they're doing these, another part has a different thing, and the north has a different one. Like in Thunder Bay, they're targeting a different one: a tournament of pickleball. We haven't seen that anywhere else in Ontario, but that's what they're dealing with. And they're focusing on how to handle that.

We see this variety throughout the province, but that's one of the strengths: We can hit it in 34 different ways, all at the same time, and make sure we're targeting the best resources at the time.

Mr. Sam Oosterhoff: Thank you very much, Dr. Williams. I know from what I'm hearing in my community, there is a strong desire to see a surgical approach. Obviously, with the regionalization, that has been an important aspect of this, so I hope that work continues to find a surgical approach.

I wanted to ask about public health more broadly, as we thought about it even more extensively prior to the pandemic and now today as well when it comes to some of the consequences of the pandemic that we have seen, both on mental health and on things such as substance abuse or opioid addiction. These are also important issues. I'm wondering how some of those metrics are considered when we're looking at balancing the public health needs of the population, and who is helping you to make some of those decisions.

Dr. David Williams: One of the additions to our team has been Dr. Huyer, who is the chief coroner. We've been partners on this for the last 10 years, looking at different components.

Before pandemic, we were looking at the opioid crisis, and in the previous government at the same time. It is a challenge that—we have brought in some new aspects in there. There's been increased funding moved over from just the sites to full CTS sites that have more hours, more staffing. We've moved out some more resources to assist them with PPE and other components.

Right now we're asking ourselves, in reviewing that data, what are the risk factors we're seeing now? What more could, might, should we be doing to mitigate the impacts of that at this time? Because the issues we're facing in parts of Toronto are slightly different than what you get up in Thunder Bay, where you're dealing with a lot of Indigenous population groups that are down temporarily in the community and that. There's a different profile of drugs and issues and things. So what works in Thunder Bay may not work in Riverdale and different parts in there. We know that there is very much a local community.

One of the challenges we really are seeing is that a lot of our deaths recently, which have gone up higher, very uniquely are in males aged 35 to about 49, and 80% of those are white. So it's a very unusual profile group in there. What we're finding is, a lot of them, before they have a death, have usually had one or two visits to the emergency department with a severe overdose. So we're into this so-called "death of despair" type of aspect. These are mental health issues that we really have to grapple with. Yes, there are needs for proper injection and controls and that and safety hazards and things in there, but more and more of these individuals are injecting alone, and that's not our recommendation. Why are they doing it more and more alone? Well, a pandemic can do that. How do you counter that? We're asking our people to say, what can you put in place to overcome that, to build a community of support around those individuals who are sometimes reticent to accept that in there. Because if they were doing it with someone, at least if they went into severe—they could get naloxone, or Narcan, to assist them at that time. But this is the real challenge for this that we don't want to ignore in the midst of a pandemic.

Mr. Sam Oosterhoff: Yes, and of course, also—

The Chair (Mr. Daryl Kramp): A minute and a half now.

Mr. Sam Oosterhoff: Sorry?

The Chair (Mr. Daryl Kramp): A minute and a half.

Mr. Sam Oosterhoff: Thank you. And also, of course, along that—making sure that's being taken into consideration as those decisions are made. I think that was the "death of despair" comment that you made there. That brings it, really, to the fore of what we're seeing.

Unfortunately, I've had people on the phone who have been in business for 40 years, crying on the phone, worried about being able to make ends meet and having to lay people off. That's a very important thing to consider, and I know you are.

I'm wondering, though, one of the pieces I've heard a lot about locally—and I know there were some comments about this in recent restrictions that came out this afternoon. Big box stores: A Costco opened up. It had 1,600 people in Niagara Falls last week. At the same time in Niagara, you couldn't go to a restaurant with more than four people, and they had to all be from your household. There was some concern from the small businesses in my community about that, when they're trying to follow

health and safety protocols. So I'm wondering if you could talk a little bit about the importance of ensuring health and safety protocols are also in place in those big box stores and what sort of steps are being taken in some of those contexts.

The Chair (Mr. Daryl Kramp): You have about 20 seconds to respond.

Hon. Christine Elliott: Well, there are very significant safety concerns there, and so it's going to have to be closely monitored. We are going to restrict the attendance at these stores to 50%. Anybody who is standing in line is going to have to have maintain physical distancing outside. But we are concerned about that, even though—I know a number of small businesses are being impacted, but that's why we're putting in those additional financial supports to help them get through this.

The Chair (Mr. Daryl Kramp): Thank you, Minister. We have now reached the end of this portion of the meeting, with the statements and the questioning.

I would certainly like, on behalf of the entire committee, to thank our witnesses today: the Solicitor General, the minister, of course, and the Chief Medical Officer of Health, the Deputy Premier. Thank you so kindly for coming here today. You are now excused, and we will pause for a moment as we move into closed session.

The committee continued in closed session at 1740.

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